

Evaluating the implementation of Mother-Friendly Hospital Steps in Qazvin, Iran

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ARTICLE INFO	ABSTRACT
<i>Article type:</i> Original article	Background & aim: Given the importance of developing mother-friendly hospitals (MFHs) in order to promote normal delivery and respect mothers' rights, the present study was conducted to evaluate the implementation of MFH steps in the hospitals of Qazvin, Iran. Methods: This cross-sectional study was conducted in all Qazvin hospitals (five public and four private hospitals) in Iran in 2017. The standard MFH checklist was used for data collection. The checklist included 10 steps and 110 items related to the places, equipments, facilities, records, hospital statistical data. MFH checklist was completed through observation, assessment of medical records and interview with 210 clients and staff. Expected level of MFH was considered at 80% in all steps. The data were analyzed by SPSS software (version 24). Results: Two hospitals obtained accepted scores at all steps. However, the achievement rates in steps 1 (i.e., current perinatal care), 3 (i.e., emergency services), 5 (i.e., preparation of labor classes), 7 (i.e., avoiding unnecessary care), 9 (i.e., trained doula), and 10 (neonate-friendly hospital) were 88.43%, 90.90%, 87.14%, 80.25%, 84.16%, and 100%, which were higher than the expected level (80%). In other steps, especially in step 8 (i.e., physiological delivery), the reported rate was very low (39.86%). Conclusion: In order to obtain the MFH certificate in Qazvin hospitals, it was required to improve the access to specialized midwifery services, employing trained staff to respect clients, and using pharmacological and non-pharmacological methods for labor pain relief to increase the rate of physiological birth.
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Introduction

Delivery is a spontaneous process that needs no intervention (1); however, it is considered a disease due to the process of medicalization. Some factors have been identified to contribute to pregnancy and delivery as a disease, including increasing the rate of cesarean section (C-section) in Iran (2) and the world (3, 4), prolonged fasting at hospitals, increasing episiotomy and its complications (5, 6), and prolonged hospitalization (3, 4).

Fearing labor pain and feeling of loneliness during pregnancy are the predictors of labor pain and distress that may increase the risk of emergency C-section and rate of elective C-section. However, C-section is not the solution, and fear may remain over the postpartum period leading to considering labor an unpleasant experience (7). Application of new labor methods, such as Mother-Friendly Hospital Initiative, as well as nonpharmacological and supportive

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